

Regulatory Licensing Unit

EMS Coordinator, EMS Instructor and EMS Information Operator Instructor Certification Initial Application

For DSHS Use Only
ZZ100-160
Receipt #
Date
Amount

See attached Privacy Notice. All information given on application is considered public record, with exception of social security number* and driver license number.

On-line electronic application submission for initial applications will be available December 31, 2004, at: www.texas.gov.

APPLICATION SUBMISSION: Submit completed application with documents (if directed) and fee, if not exempt, to Texas Department of State Health Services, ATTN: ZZ100-160 EMS, 1100 West 49th Street, Austin, TX 78756-3199. Application processing takes approximately 3 weeks. You can check your application status on our web site at: http://160.42.108.3/ems_web/blh_html_page1.htm

TESTING INSTRUCTIONS: IF you are required to pass the written exam, you are responsible for scheduling your exam seat assignment. You will not be allowed to schedule your exam until application and course certificate processing has been completed. Check your application status on-line at: http://160.42.108.3/ems_web/blh_html_page1.htm When your eligibility status reads "Eligible for Testing", schedule your exam appointment through our web site: www.dshs.state.tx.us/ems, click on "Schedule an Exam".

Section A- All Applicants Complete This Section Print Last Name First Name Middle Name SS#* or Texas EMS ID # Mailing Address: Street, Apt Number or PO Box City State Zip Home Phone (area code) Business Phone (area code) Date of Birth (MM/DD/YY) **Driver License Number (include state)** □ EMT-I **Current level of active EMS certification/licensure:** \square ECA \square EMT EMS certification is not required for EMS Information Operator Instructor certification or recertification. *Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier to prevent confusion among applicants with similar or same name. **Section B: Initial EMS Instructor** 1. Must hold at least Texas EMT basic certification. 2. Have you achieved a high school diploma or GED? \Box Yes or \Box No Texas Education Agency accredited public or private school or out-of-state equivalent is required. 3. Attach DSHS-approved instructor course completion certificate. If you completed a Methods of Teaching or similar non-EMS course, you must attach proof of completing a skills orientation session by a DSHSapproved EMS coordinator. **4. Pass EMS instructor exam.** All requirements MUST be completed within one-year of course completion date. Section C: Initial EMS Information Operator Instructor 1. Have you achieved a high school diploma or GED? \Box Yes or \Box No Texas Education Agency accredited public or private school or out-of-state equivalent is required. 2. Attach copy of current EMS Information Operator (dispatch) card. 3. List the sponsoring agency or organization with which you are affiliated:

5. Pass EMS Information Operator Instructor written exam. GRANDFATHER CLAUSE: Persons with current EMS Inform

current EMS Instructor certification.

GRANDFATHER CLAUSE: Persons with current EMS Information Operator Instructor certification from a department-approved training program, attach a copy of current EMS Information Operator Instructor certification. Disregard 1-5 above.

4. Attach copy of DSHS-approved EMS Information Operator Instructor course certification or hold

SECTION D - COORDINATOR

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Section D-1: Basic Level, Initial Coordinator		
1. EMS rules require you be an instructor for 2 consecutive years.		
2. On a separate sheet, list course name(s), DSHS course number(s), course dates and hours for at least 120 hours of instruction for initial EMS certificants. The list must be verified by signature of a DSHS-approved EMS coordinator.		
3. Attach documentation of positive instructor evaluations as a certified instructor. The evaluation must be verified by signature of a DSHS-approved EMS coordinator.		
4. List the DSHS-approved provider, medical director, hospital, post-secondary educational institution or		
health care institution with which you are affiliated:		
5. Attach letters of intent from qualified providers of clinical and field internship.		
6. Attach coordinator course completion certificate.		
7. Pass coordinator written exam. All requirements MUST be completed within one year of course		
completion date.		
Section D-2: Advanced Level, Initial Coordinator		
1. Must have at least an associate degree. Attach copy of college/university diploma.		
2. EMS rules require you be an instructor for at least 4 consecutive years or a basic coordinator for 2 consecutive years.		
3. On a separate sheet, list course name(s), DSHS course number(s), course dates and hours for at least 120 hours of instruction for initial EMS certificants. The list must be verified by signature of a DSHS-approved EMS coordinator.		
4. Attach documentation of positive instructor evaluations as a certified instructor or as a basic coordinator.		
The evaluation must be verified by signature of a DSHS-approved EMS coordinator.		
5. List the DSHS-approved post-secondary educational institution, health care instruction or other		
entity(ies) with which you are affiliated:		
6. Attach letters of intent from qualified providers of clinical and field internship.		
7. Attach coordinator course completion certificate. Omit if you are currently certified as a basic		
coordinator.		
8. Pass exam within one year of course completion. If currently certified as basic coordinator, omit exam.		
Section E: All Applicants Complete This Section		
Mark the level(s) for which you are applying:		
☐ Coordinator ☐ EMS Instructor ☐ EMS Information Operator Instructor		
Fees are not refundable or transferable. Make check or money order payable to: Department of State Health		
Services. Mark the application fee you are submitting:		
☐ EMS Instructor application fee - \$34 ☐ None - Explain:		
☐ EMS Coordinator application fee - \$66 ☐ Other – Explain:		
☐ EMS Information Operator Instructor application fee - \$64		
☐ I am exempt from fee because I will neither charge nor accept compensation for the education or		
certification/licens ure of EMS personnel.		
Volunteer instructors, list name of DSHS-approved program(s) with which you are affiliated:		
Continue E. All Annels and Consultate El. C. 4.		
Section F: All Applicants Complete This Section		
I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false		

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant:	Date:

PRIVACY NOTIFICATION:

With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Because of different budget numbers, you must make separate checks for your certification application and for the magazine. Include both checks with your application packet and mail to: Texas Dept. of State Health Services, Attn: ZZ100-008 EMS, 1100 West 49th Street, Austin, TX 78756-3199. Or for faster magazine service, mail subscription form with magazine check separately to: DSHS-EMS, PO Box 149200, Austin, TX 78714-9200.

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Texas EMS Magazine

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Your point of contact with the agency that regulates Texas EMS – taking state and national EMS issues and answers to emergency medical services professional serving in every capacity across Texas.

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